

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012723

STATE FILE NUMBER

FILED MAY 4 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Jefferson City

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Mary's Hosp

Length of stay in lb
70 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY Cole

c. CITY
OR
TOWN

Jefferson City

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

102 E. Dunklin St

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

CHARLES

WILLIAM

BARTON

4. DATE
OF
DEATH

Month

Day

Year

April 24th 1959

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐

WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH

Nov 12th 1879

9. AGE (In years last birthday)

79

10. UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cook (retired)

10b. KIND OF BUSINESS OR
INDUSTRY
Restaurant

11. BIRTHPLACE (City and state or country)

Cole County, Missouri

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Joab Barton

13b. MOTHER'S MAIDEN NAME

Isabelle Gordon

14. NAME OF HUSBAND OR WIFE

Carrie Reed Barton, Dec.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Address

Mrs Minnie McCleary, Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of neck

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Carcinoma of Tongue

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN
ONSET AND DEATH

6 months

2 years

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

1419

20a. ACCIDENT SUICIDE HOMICIDE

☐

☐

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at 8:25

3/20/59

to 4/24/59

and last saw him on 4/24/59.

on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T. Kanagawa MD

22b. ADDRESS

515 E High St

22c. DATE SIGNED

4/27/59

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

April 26th 1959

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

23d. LOCATION (City, town, or county)

Jefferson City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Tanner Service, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

29 April 1959

26. REGISTRAR'S SIGNATURE

R.P. Harris, MD - MR.

(Licensed Embalmer's Statement on Reverse Side)

Director, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed 
Donald P. Freenan

Licensed Embalmer No. 4623

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.